



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/21/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYD054978952
INSTALLATION NAME	→	DATA DEVICE CORP
INSTALLATION ADDRESS	→	105 WILBUR PL BOHEMIA, NY 117162482
MAILING ADDRESS	→	105 WILBUR PL BOHEMIA, NY 117162482

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866

ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949

TO: DATA DEVICE CORP  
or Current Occupant  
ATTN: DON DEGUISEPPE - FACIL MGR  
105 WILBUR PL  
BOHEMIA, NY 117162482



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02  
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NYD054978952

II. Name of Installation (Include company and specific site name)

DATA DEVICE CORP.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

105 WILBUR PLACE

Street (Continued)

City or Town

BOHEMIA

State

Zip Code

NY 11716-2482

County Code

County Name

Suffolk

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

105 WILBUR PLACE

City or Town

BOHEMIA

State

Zip Code

NY 11716-2482

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

DEGUISEPPE

(First)

DON

Job Title

FACILITIES MGR.

Phone Number (Area Code and Number)

Ext.:

631-567-5600 7268

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☒☒

B. Street or P.O. Box

105 WILBUR PLACE

City or Town

BOHEMIA

State

Zip Code

NY 11716-2482

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CLIFFORD LANE

Street, P.O. Box, or Route Number

105 WILBUR PLACE

City or Town

BOHEMIA

State

Zip Code

NY 11716-2482

Phone Number (Area Code and Number)

631-567-5600

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Date Changed

Yes

No

Month Day Year

Address changed US Post Office

01 FEB - 8 PM 4:19  
AGENCY ROOM

Change (owner)  
VPS EXP



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
F002
7

2
F001
8

3
F003
9

4
10

5
11

6
12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20 - 261.24; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)

- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic ☐
1. 0008
2. 0011
3. 0010
4. 0035

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NYD054978952

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

I L C DATA DEVICE CORP  
105 WILBUR PLACE  
BOHEMIA, NY 11716

III. LOCATION OF INSTALLATION

105 WILBUR PLACE  
BOHEMIA, NY 11716

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F M Y D O 5 4 9 7 8 9 5 2 3 1

8 0 0 6 3 0

## I. NAME OF INSTALLATION

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

4

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 E D G A R D O N D I R E C T O R O P E R A T I O N S

5 1 6 - 5 6 7 - 5 6 0 0

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

R A P I D A M E R I C A N C O R P O R A T I O N

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY

5	4	3	2	1	T/A	C
W	N	Y	D	O	5	4
9	7	8	9	5	2	1
1	2	3	4	5	6	7

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE  
(D001)☒ 2. CORROSIVE  
(D002)☒ 3. REACTIVE  
(D003)☐ 4. TOXIC  
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Don Edgar - Director of  
Operation Services

EPA Form 8700-12 (6-80) REVERSE

RCRA INSPECTION REVIEW SHEET

Name of Facility - ILC DATA DEVICE

RCRA ID# - NYD 054978952

Date of Inspection - 6/30/81

Type of Inspection: ☒ Generator

Transporter

TSD

Name of EPA/State Inspector -

JERE AUSTIN

472

Findings of Inspection:

VIOLATIONS - 262.34(2)(3) → DATING OF DRUMS

262.34(6) → STORING OVER 90 DAYS

Action(s) Taken:

Action(s) Recommended:

FACILITY HAS NOT BEEN DATING ITS DRUMS AND DRUMS HAVE BEEN IN STORAGE FOR 6 MONTHS. IN ADDITION, IT SEEMS QUESTIONABLE THAT THERE HAS BEEN NO OFF SITE SHIPMENTS SINCE, AT LEAST, LAST NOVEMBER AND THEREFORE THEY HAVE NO RECORDS OR ANY MANIFESTS. NOT A GOOD CANDIDATE FOR ENFORCEMENT, HOWEVER, BECAUSE OF THE SMALL QUANTITY OF WASTES GENERATED PROBABLY SUBJECTS THEM TO THE SMALL QUANTITY EXCLUSION.





47-15-14(5/81)

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: ILC Data Device

EPA I.D. NUMBER: NYD054978952

COMPANY ADDRESS: 105 Wilbur Dr.  
Bohemia NY

COMPANY CONTACT OR OFFICIAL:

Joe Hedges

INSPECTOR'S NAME:

Jerre Austin

TITLE:

Plant Engineer

BRANCH/ORGANIZATION:

NYSDEC

CHECK IF FACILITY IS ALSO A TSD

FACILITY ☒

DATE OF INSPECTION:

6-30-81

YES

NO

DON'T  
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? — — —

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES

NO

DON'T  
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

Solvents, Freon, ~~that~~ trichloroethylene 1,1,1 (max. 3 drums ea)  
various Flammable Solvents, Photo resist thinner & remover, (10 gal ea)  
gold etch. Acid, nitric (5 gal/mo.)

- d. Describe the activities that result in the generation of hazardous waste.

Cleaning printed circuit boards & electronic components

- (2) Is hazardous waste stored on site?

✓ — —

- a. What is the longest period that it has been accumulated?

6 months

- b. Is the date when drums were placed in storage marked on each drum?

— ✓ —

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

— ✓ —

- a. If "yes," approximately how many shipments were made?

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

NA.

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

— — —

- b. If "no" or "don't know," please elaborate.

No shipments since Nov. 1980

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	—	—	—
- the generator's name, mailing address, telephone number, and EPA identification number	—	—	—
- the name, and EPA identification number of each transporter	—	—	—
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	—	—	—
- a description of the wastes (DOT)	—	—	—
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	—	—	—
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	—	—	—
(5) Were there any hazardous wastes stored on site at the time of the inspection?	✓	—	—
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?	—	—	—
b. If not properly packaged or in secure tanks, please explain. <i>Labels not Dated</i>			
c. Are containers clearly marked and labelled?	✓	—	—
d. Do any containers appear to be leaking?	—	✓	—
e. If "yes," approximately how many?			



- |  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| * (6) Has the generator submitted an annual report to EPA covering the previous calendar year?   | —          | <u>✓</u>  | —                     |
| a. How do you know?  |            |           |                       |
| <br>(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? | —          | —         | —                     |
| a. If "no," have Exception Reports been submitted to EPA covering these shipments?   | —          | —         | —                     |
| <br>(8) General comments.  |            |           |                       |

NA

\* The effective date for this requirement is March 1, 1982.



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

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EPA I.D. NUMBER

•NYD054978952

INSTALLATION ADDRESS

T L C DATA DEVICE CORP  
105 WILBUR PLACE  
BOHENTIA.

NY 11716

105 WILBUR PLACE  
BOHENTIA.

NY 11716

